



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 1122

SERIAL NUMBER 10774,493	FILING DATE 02/10/2004  RULE	CLASS 029	GROUP ART UNIT 3729	ATTORNEY DOCKET NO. 2333-128
----------------------------	---------------------------------------	--------------	------------------------	------------------------------------

## APPLICANTS

Staffan Jonsson, Karlskoga, SWEDEN;

## \*\* CONTINUING DATA \*\*\*\*\*

YES UNT

This application is a CON of 09/377,833 08/20/1999 PAT 6,735,845  
 which is a CON of PCT/SE98/00302 02/20/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

YES UNT

SWEDEN 9700612-6 02/20/1997

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED

\*\* 07/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>	STATE OR  COUNTRY SWEDEN	SHEETS  DRAWING 7	TOTAL  CLAIMS 7	INDEPENDENT  CLAIMS 3
--	--	-----------------------------------	----------------------------	--------------------------	--------------------------------

## ADDRESS

23117  
 NIXON & VANDERHYE, PC  
 901 NORTH GLEBE ROAD, 11TH FLOOR  
 ARLINGTON, VA  
 22203

## TITLE

Sensor element having an integrated reference pressure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issues )
------------	--	--

UNT  
7/23/00

RECEIVED 770	No. _____ for following:	<table border="1"><tr><td colspan="2">1. To Fees ( Issue )</td></tr><tr><td><input type="checkbox"/></td><td>Other</td></tr><tr><td><input type="checkbox"/></td><td>Credit</td></tr></table>	1. To Fees ( Issue )		<input type="checkbox"/>	Other	<input type="checkbox"/>	Credit
1. To Fees ( Issue )								
<input type="checkbox"/>	Other							
<input type="checkbox"/>	Credit							